



Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

I/T/U Public Notice 2022-07
August 26th, 2022

RE: Oklahoma Health Care Authority Proposed Rule, State Plan and Waiver Amendments

Dear Tribal Representative:

The purpose of this letter is to notify you of proposed changes that will be reviewed at the tribal consultation meeting on **September 6th, 2022, at 11 a.m.** OHCA invites you to attend this meeting via webinar, and we welcome any comments regarding the proposed changes. The agency is committed to active communication with tribal governments during the decision-making and priority-setting process to keep you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plan and waiver amendments for your review. The summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, proposed changes must obtain budget authorization and approval by the OHCA board, and when applicable, federal and governor approval must be obtained.

Additionally, OHCA posts all proposed changes on the agency's [Policy Change Blog](#) and the [Native American Consultation Page](#). These public website pages are designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay informed of proposed policy changes, you may sign up for web alerts to be automatically notified when any new proposed policy changes are posted for comment.

OHCA values consultation with tribal governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [Policy Change Blog](#) and/or the [Native American Consultation Page](#).

Sincerely,
Dana Miller
Director, Tribal Government Relations



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Proposed Rule, State Plan, and Waiver Amendments

Statewide Health Information Exchange (HIE) — Oklahoma senate bill 1369 revised the Statewide HIE program. Policy revisions are needed to comply with those changes, including creating the Office of the State Coordinator for HIE; designating that the Office of the State Coordinator for HIE will oversee the state-designated entity for HIE; revising the definition of "health information exchange organization" to indicate that it is an organization governed by its stakeholders; and, providing that beginning July 1, 2023, all qualified health care providers, as defined by OHCA rules who are licensed by and located in Oklahoma, shall be actively engaged with onboarding process of connecting to the HIE in order to meet the legislative requirement to report data to and utilize the state-designated HIE entity.

Anticipated Tribal Impact: direct; contracted ITUs are qualified health care providers (tribal notice posted on July 26, 2022)

Proposed Rule Timeline:

Rules public comment period: August 16, 2022-September 15, 2022

Medical Advisory Committee: September 8, 2022

OHCA Board meeting: September 21, 2022

Effective date: November 5, 2022, is the Governor's 45th day to approve

Transition to Managed Care: State Rules — The Agency will promulgate managed care rules for contracted entities, inclusive of managed care entities (MCEs), provider-led entities (PLEs), and dental benefit managers (DBM), through at least two emergency rulemaking sessions.

The first set of rule additions/revisions will include State-sanctions and complementary non-compliance remedies required of the contracted entities (CEs). Furthermore, Agency rule additions/revisions will define terms, processes, and regulations that were outlined in the approved delivery system reform State legislation and the published Request for Proposal (RFP)/Model Contract. Other rule additions will include, but are not limited to, managed care mandatory and voluntary populations (American Indian/Alaskan Native



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(AI/AN) members), processes for network adequacy, provider requirements, termination of contracts, transition of care policies, medical necessity, required notices, and grievances and appeals. Of note, American Indian/Alaskan Native (AI/AN) members will voluntarily choose to enroll with a contracted entity for medical and/or dental care through an opt-in process

Additionally, the current Chapter 50 OHCA managed care rules, which were promulgated during the previous managed care effort will be updated to reflect changes made to the new RFP and legislative requirements.

Future emergency rules will address any clean-up or additional content needed from the initial set of emergency rules including but not limited to, covered services and limitations (when applicable), prior authorization requirements, allowed/dissallowed marketing practices by the contracted agency, and any other outstanding federal and/or state requirements for operationalizing SoonerSelect, SoonerSelect Children's Specialty Program, and SoonerSelect Dental not otherwise previously addressed in rules.

Anticipated Tribal Impact: direct; language mentions specifically AI/AN population opt-in enrollment

Proposed Rule Timeline

60-day Tribal Consultation Period: August 30, 2022 - October 29, 2022

1st EME Rulemaking Session:

Public Comment Period: October 7, 2022-November 7, 2022

Medical Advisory Committee: November 10, 2022

OHCA Board: November 16, 2022

Governor's 45th Day: January 3, 2023, or upon governor's signature if earlier

2nd EME Rulemaking Session:

Public Comment Period: April 3, 2023-May 3, 2023

Medical Advisory Committee: May 11, 2023*



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OHCA Board: June 28, 2023*

Requested Effective Date-October 1, 2023

**Board and MAC dates are tentative and could be subject to change*

1115(a) SoonerCare Choice Demonstration Waiver Renewal – The Oklahoma Health Care Authority (OHCA) will request federal approval from the Centers of Medicare and Medicaid (CMS) to extend the SoonerCare 1115(a) waiver demonstration (Project Number 11-W-00048/6). If approved, the request will renew the current demonstration, ending on December 31, 2023, from January 1, 2024, through December 31, 2028. The waiver demonstration authorizes the State to offer a Primary Care Case Management (PCCM) health care delivery service model called the SoonerCare Choice Patient-Centered Medical Home (PCMH). The PCMH health care delivery model allows the State to contract directly with health care providers, on a statewide basis, for the provision of Medicaid services to SoonerCare Choice PCMH members; allows for care coordination payments; and provides authority to operate the Health Management Program (HMP), Health Access Networks (HANs), and the Insure Oklahoma (IO) Employer Sponsored Insurance (ESI) program.

The current demonstration ends December 31, 2023. The agency must submit a renewal request to CMS by 12/31/2022.

Anticipated Tribal Impact: indirect; ITUs are not contracted as PCMH providers but receive a PM/PM case coordination fee

Proposed Waiver Renewal Timeline

60-day Tribal Consultation Period: August 30, 2022 - October 29, 2022

Public Comment Period*: November 1, 2022 - November 30, 2022

Requested Effective Date: January 1, 2024

**Tentative*

Dental Services Reimbursement Methodology - The Oklahoma Health Care Authority proposes a state plan amendment (SPA) to update the rate methodology used to pay for dental services as the Agency was appropriated dollars within the state fiscal year 2023



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budget to increase dental rates. The proposed rate methodology to pay dental services will continue to use a calculation of Relative Value Units (RVUs) times a Conversion Factor; however, the State will update the RVUs annually with the Optum Coding Relative Values for Dentists Data File and a new conversion factor which is different for children and adults. The current Conversion Factor is the same for all populations and has not been updated in several years. Dental providers will see a rate increase in the aggregate of over 5% for children and over 14% for adults through the new rate methodology.

This update will improve the Agency's ratio of Medicaid reimbursement to private dental insurance reimbursement to 73.02% which is over a 10% improvement; compared to other states, the new dental service rates will be over what New Mexico Medicaid pays for dental services and on par with what Colorado Medicaid pays.

Anticipated Tribal Impact: indirect; ITU reimbursement for dental services is set at the established OMB rate

Proposed SPA Timeline

Expedited 30-Day Tribal Consultation Period: August 26, 2022 - September 25, 2022

30-Day Public Comment Period: September 6, 2022 - October 6, 2022

Proposed Effective Date: October 1, 2022



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